

**TRANSMITTAL AND NOTICE OF APPROVAL  
OF STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER

03-01

2. STATE:

**ILLINOIS**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE:  
**January 1, 2003**

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Sections 1902(a)(10)(E), 1905(p)(3)(a)(ii), and 1933 of the  
Social Security Act

7. FEDERAL BUDGET IMPACT

a. FFY 2003 \$ 0  
b. FFY 2004 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Pages 21, 29a and 29b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Pages 21, 21 continued, 29a and 29b

10. SUBJECT OF AMENDMENT:

**Payment to Qualifying Individuals - 2**

11. GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Not submitted for review by prior  
approval.

12. SIGNATURE OF AGENCY OFFICIAL:

13. TYPED NAME **A. George Hovanec**

14. TITLE: **Acting Director**

15. DATE SUBMITTED

**1/6/03**

16. RETURN TO:

**ILLINOIS DEPARTMENT OF PUBLIC AID  
201 SOUTH GRAND AVENUE, EAST  
SPRINGFIELD, IL. 62763-0001  
ATTENTION: Bureau of Medical Eligibility Policy**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED **1/6/03**

18. DATE APPROVED **February 11, 2003**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

21. TYPED NAME **Cheryl A. Harris**

20. SIGNATURE OF REGIONAL OFFICIAL:

22. TITLE **Division of Medicaid and Children's Health  
Associate Regional Administrator**

23. REMARKS:

**RECEIVED**

**JAN 06 2003**

**DMCH - IL/IN/OH**

Revision: HCFA-PM-97-3 (CMSO)  
December 1997

State: ILLINOIS

Citation 3.1 Amount, Duration and Scope of Services  
(continued)

(a) (3) Other Required Special Groups: Qualified Medicare Beneficiaries

1902(a) (10) (E) (i) and clause (VIII) of the matter following (F), and 1905(p) (3) of the Act. Medicare cost sharing for qualified Medicare beneficiaries described in section 1905(p) of the Act is provided only as indicated in item 3.2 of this plan.

1902(a) (10) (E) (ii) and 1905(s) of the Act (a) (4) (i) Other Required Special Groups: Qualified Disabled and Working Individuals  
Medicare Part A premiums for qualified disabled and working individuals described in section 1902(a) (10) (E) (ii) of the Act are provided as indicated in item 3.2 of this plan.

1902(a) (10) (E) (iii) and 1905(p) (3) (A) (ii) of the Act (ii) Other Required Special Groups: Specified Low-Income Medicare Beneficiaries  
Medicare Part B premiums for specified low-income Medicare beneficiaries described in section 1902(a) (10) (E) (iii) of the Act are provided as indicated in item 3.2 of this plan.

1902 (a) (10) (E) (iv) (I) 1905(p) (3) (A) (ii), and 1933 of the Act (iii) Other Required Special Groups: Qualifying Individuals - 1  
Medicare Part B premiums for qualifying individuals described in 1902(a) (10) (E) (iv) (I) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.

1925 of the Act (iv) Other Required Special Groups: Families Receiving Extended Medicaid Benefits

Extended Medicaid benefits for families described in section 1925 of the Act are provided as indicated in item 3.5 of this plan.

Revision: HCFA-PM-97-3 (CMSO)  
December 1997

State: ILLINOIS

Citation

1902(a)(10)(E)(ii)  
and 1905(s) of the Act

(ii) Qualified Disabled and Working Individual (QDWI)

The Medicaid agency pays Medicare Part A premiums under a group premium payment arrangement, subject to any contribution required as described in ATTACHMENT 4.18-E, for individuals in the QDWI group defined in item A.26 of ATTACHMENT 2.2-A of this plan.

1902(a)(10)(E)(iii)  
and 1905(p)(3)(A)(ii)  
of the Act

(iii) Specified Low-Income Medicare Beneficiary SLMB

The Medicaid agency pays Medicare Part B premiums under the State buy in process for individuals in the SLMB group defined in item A.27 of ATTACHMENT 2.2-A of this plan.

1902(a)(10)(E)(iv)(I)  
1905(p)(3)(A)(ii), and  
1933 of the Act

(iv) Qualifying Individual - 1 (QI-1)

The Medicaid agency pays Medicare Part B premiums under the State buy in process for individuals described in 1902(a)(10)(E)(iv)(I) and subject to 1933 of the Act.

TN No. 03-01

Supersedes

TN No. 98-4

Approval Date FEB 19 2003

Effective Date 01-01-03

Revision: HCFA-PM-97-3 (CMSO)  
December 1997

State: ILLINOIS

Citation

1843(b) and 1905(a)  
of the Act and  
42 CFR 431.625

(v) Other Medicaid Recipients

The medicaid agency pays Medicare Part B premiums to make Medicare Part B coverage available to the following individuals:

X All individuals who are: a)  
receiving benefits under titles I,  
IV-A, X, XIV or XVI (AABD or SSI);  
b) receiving State supplements under  
title XVI; or c) within a group  
listed at 42 CFR 431.625(d)(2).

X Individuals receiving title II or  
Railroad Retirement benefits.

\_\_\_\_\_ Medically needy individuals (FFP is  
not available for this group).

1902(a)(30) and  
1905(a) of the Act

(2) Other Health Insurance

\_\_\_\_\_ The Medicaid agency pays insurance premiums  
for medical or any other type of remedial  
care to maintain a third party resource for  
Medicaid covered services provided to  
eligible individuals (except individuals 65  
years of age or older and disabled  
individuals, entitled to Medicare Part A  
but not enrolled in Medicare Part B).

TN No. 03-01

Supersedes

TN No. 98-4

Approval Date \_\_\_\_\_

Effective Date 01-01-03